Bureau Health 15 <sup>th</sup> Flo Harrisb	of Attorney General of Consumer Protection Club Registration Section or, Strawberry Square urg, PA 17120 83-1992	Current Registration Number		
Certificate of Compliance with Financial Security  Requirements of the Health Club Act				
Note:	A Certificate of Compliance must be which a business entity provides he	e filed for each separate location at ealth club services		
1. This Certificate of Compliance is made on behalf of the following business entity:				
	Business or Fictitious N	Name of Health Club		
	Mailing A	ddress		
	City County	Zip Code		
	Telephone	Number		
	Location of Health Club	if different from above		
	Health Club identified in paragraph 1 club services pursuant to the followin	advertises, offers for sale or sells ig types of health club contracts (check		
	A. Health club contracts for no more than twelve (12) months where payments are NOT made in equal monthly installments. (\$50,000 Financial Security Required)			
		nan twelve (12) months but no more than ments are NOT made in equal monthly ired)		

<ul> <li>C. Health club contracts for more than twenty-four (24) months who payments are NOT made in equal monthly installments.</li> <li>(\$200,000 Financial Security Required)</li> </ul>	ere
D. Health club contracts for no more than twenty-four (24) months payments are NOT made in equal monthly installments, AND when more than three hundred (300) persons are members of the Health (\$50,000 Financial Security Required)	e no
E. Health club contracts for no more than twenty-four (24) months payments are NOT made in equal monthly installments, AND no mone hundred fifty (150) persons are members of the Health Club. (\$25,000 Financial Security Required)	
3. The Health Club identified in paragraph 1 has satisfied the appropriate fi security requirements of the Health Club Act as follows (check one):	nancial
A. A surety bond in the amount of \$ has been obtained	
Bond Company:	
Name	
Address	
City, County, Zip Code	
Telephone Number	
Bond Number:	
Issue Date:	

The Bond is in the form which has been approved by the Bureau of Consumer Protection, or its substantial equivalent.

Note: Original Bond must be filed with this certificate.

Financial Institution:		
	Name -	
	Name	
<del></del>	Address	
	City, County, Zip Code	
	Telephone Number	
Letter of Credit Number:		
Issue Date:		

Note: Original Letter of Credit must be filed with this Certificate.

4. The financial security identified in Paragraph 3 is currently in effect and, unless terminated or canceled upon ninety (90) days written notice, will remain in effect.

Note

If financial security is canceled or terminated, it must be replaced with financial security acceptable to the Bureau of Consumer Protection. Failure to replace a bond will result in your Health Club not being able to write any further health club contracts. Failure to replace a letter of credit will result in the letter of credit being called in its full amount.

5. I understand that I am under a continuing obligation to notify the Bureau of Consumer Protection in writing of any change in the information provided in this Certificate of Compliance and of the obligation to file a renewal certificate by June 1 or each year.

## Certification

I hereby certify that the information contained in the Certificate of Compliance is true and correct. I further certify that I have actual authority to make this certification on behalf of the Health Club identified in paragraph 1. I also understand that any false statement made herein is subject to the penalties for unsworn falsification to authorities pursuant to 18 Pa. C.S. Section 4904.

Date	Signature
	Printed Name
	Title
For Official Use (to be complet	ted by the Bureau of Consumer Protection)
Date Received:	
Reviewed by:	
Contract Received:	
Action Recommended:	
Application Approved (date):	
Registration Number:	